

# L96000000856

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: NATIONAL MEDICAL INJURY CENTERS, INC.

(Proposed corporate name - must include suffix)

200001918942  
-08/14/96--01100--002  
\*\*\*\*206.25 \*\*\*\*206.25

200001918942  
-08/06/96--01116--008  
\*\*\*\*131.25 \*\*\*\*131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

MICHAEL MUZIO

Name (printed or typed)

2329 Sunset Point Rd. #203

Address

Clearwater, Fl. 34625

City, State & Zip

813-799-9729

Daytime Telephone number

FILED  
96 AUG 12 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

285.00 F.F.  
52.50 C.C.  
337.50

NOTE: Please provide the original and one copy of the articles.

DATE: 8-7-96

TO: DEPT OF STATE

FROM: MICHAEL MUZIO

NATIONAL MEDICAL INJURY CENTERS

RE: ARTICLES OF ORGANIZATION - LC COMPANY

SIRS: HERE ENCLOSED ARE, PROPOSED ARTICLES  
OF ORGANIZATION FOR AN "LC".

WE MISTAKENLY SENT "ARTICLES OF  
INCORPORATION" AND ASKED FOR  
\$131.25. I CALLED AND YOUR  
COMPUTER IS SUPPOSE TO "STOP"  
ANY ONE FROM FILING THAT NAME.  
AS I UNDERSTAND, YOUR INSTRUCTIONS  
WERE TO PAY THE DIFFERENCE OF  
206.25 AND ENCLOSE THE LC  
PAPERS. (WE DO WANT CERT. COPY +  
DESIGNATION OF REGISTERED AGENT)

ANY QUESTIONS: CALL (813) 799-9729  
TO: MIKE MUZIO  
OR  
DEBORAH



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Morthum**  
Secretary of State

August 7, 1996

**MICHAEL MUZIO**  
2329 SUNSET POINT RD  
#203  
CLEARWATER, FL 34625

**SUBJECT: NATIONAL MEDICAL INJURY CENTERS, INC.**  
Ref. Number: W96000016498

We have received your document for NATIONAL MEDICAL INJURY CENTERS, INC.. However, the document has not been filed and is being returned for the following:

Your document is being returned as requested.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

**Kimberly Rolfe**  
Document Specialist

Letter Number: 296A00037685

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

FILED  
JUN 12 PM 4:12  
STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NATIONAL MEDICAL INJURY CENTERS, L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

2329 Sunset Point Rd. #203  
Clearwater, Fla. 34625

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

THIRTY (30) YEARS

**ARTICLE IV - Management:**

*(check and complete the appropriate statement)*

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Michael Muzio  
2329 Sunset Point Rd #203  
Clearwater, FL 34625

David K. Dahmer  
1238 Mariner Blvd.  
Springhill, FL 34609

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

The right, if given, of the remaining managers/members to admit additional members/managers and the terms and conditions of the admissions shall be:

The addition of any manager/member in the Company must be with the written consent of all the members/managers.

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:


The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The Company shall have the right to continue operating and shall not be affected on the death, retirement, resignation, expulsion, bankruptcy, or any other occurrence which terminates the membership of a member in this Company.

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_  
NATIONAL MEDICAL INJURY CENTERS, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 200.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ 200.00 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 200.00 . This total includes amounts from 2 and 3 above.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**FILED**

96 AUG 12 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OF-  
FICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_  
\_\_\_\_\_ NATIONAL MEDICAL INJURY CENTERS, L.C. \_\_\_\_\_

2. The name and address of the registered agent and office is:

\_\_\_\_\_ Michael Muzio \_\_\_\_\_  
(Name)  
\_\_\_\_\_ 2329 Sunset Point Rd. #203 \_\_\_\_\_  
(P.O. Box not acceptable)  
\_\_\_\_\_ Clearwater, FL 34625 \_\_\_\_\_  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above  
stated limited liability company at the place designated in this certificate, I hereby accept  
the appointment as registered agent and agree to act in this capacity. I further agree to  
comply with the provisions of all statutes relating to the proper and complete performance  
of my duties, and I am familiar with and accept the obligations of my position as registered  
agent.*

\_\_\_\_\_ Michael Muzio \_\_\_\_\_  
(Signature)

\_\_\_\_\_ Aug. 5, 1996 \_\_\_\_\_

(Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**